## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10559857

| CLAIMS AS FILED - PART I   |  |   |   |              |  |                               |   | SMALL ENTITY        |                        | OR       | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---|--------------|--|-------------------------------|---|---------------------|------------------------|----------|----------------------------|------------------------|
|  |  | (Column 1)                                |   | (Column 2)   |  |                               |   | <u> </u>            | j 1                    | OWNZEE - |                            |                        |
| U.S. NATIONAL STAGE FEES   |  |   |   |              |  |                               |   | RATE                | FEE                    |          | RATE                       | FEE                    |
| BASIC FEE  |  |   | -SMALL-ENT. = \$ 150 .                              |              | LARG                                   | E ENT. = \$ 300               |   | BASIC FEE           |                        | OR       | BASIC FEE                  | 30                     |
| EXA  | MINATION FEE                                   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |              | All other situations = \$ 100 / \$ 200 |                               |   | EXAM. FEÉ           |                        | ••       | EXAM. FEE                  | ZW                     |
| SEA  | RCH FEE  | •   | U.S. is ISA = \$ ALL other cour\$ 200 / \$ 4        | nvies =      | ALL O                                  | her situations = 250 / \$ 500 |   | SEARCH FEE          |                        |          | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | ," minus 100 =                                      |              | · /50 =                                |                               |   | X \$ 125 =          |                        | :        | 'X-\$ 250 =                |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 17 min  | us 20 =      | •                                      |                               |   | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |   | 3 m   | inus 3 =     |  |                               |   | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT   |              |  |                               |   | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |              |  | lumn 2                        |   | TOTAL               |                        | OR       | TOTAL                      |                        |
| _CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |              |  |                               |   | SMALL ENTITY        |                        |          | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  | lopplas  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA              |   | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 17                                      | Minus   | <b>"</b> /   | 7                                      | =                             |   | X \$ 25 =           |                        | OR       | X \$ 50 =                  | ·                      |
|  | Independent                                    | . 3                                       | Minus   | ***          | 3                                      | =                             |   | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |              |  |                               |   | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |
|  | · · · · · · · · · · · · · · · · · · ·          |   |   |              |  |                               |   | TOTAL ADDIT.<br>FEE |                        | OR       | TOTAL ADDIT.<br>FEE        | Ø                      |
| <u> </u>   |  |   |   |              |  |                               |   |                     |                        |          |                            |                        |
|  |  | (Column 1)  CLAIMS  REMAINING             |   | HIGI         | ımn 2)<br>HEST<br>MBER                 | (Column 3) PRESENT            | Ì | RATE                | ADDI-                  | .        | RATE                       | ADDI-                  |
| AMENOMENT B  |  | AFTER AMENDMENT                           | ,   |              | OUSLY<br>FOR                           | EXTRA                         |   | KATE                | TIONAL<br>FEE          |          | KATE                       | TIONAL<br>FEE          |
|  | Total  | •   | Minus   | **           |  | =                             |   | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus   | ***          |  | =                             | ٠ | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |              |  |                               |   | ·+ \$ 180 =         |                        | OR       | + \$ 360 =                 |                        |
|  |  |   |   |              |  |                               |   | TOTAL ADDIT.<br>FEE |                        | OR       | TOTAL ADDIT.<br>FEE        |                        |
|  | e submit                                       |   |   |              |  |                               |   |                     | •                      |          | n 97 ma.                   | .it                    |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |   |              |  |                               |   |                     |                        |          |                            |                        |